

Emergency Department Checklist

Sr. No.	Objective Element	Requirements	Yes	No
1	COP 2b	Is department is on ground floor or its entrance easily accessible by ambulance.		
2	COP 2b	Inside the emergency, is there dedicated areas for triage, emergency processes (like wound care, gastric lavage, fracture handling etc.) and for emergency observation and other support areas in emergency which includes, nursing station, store (separately for clean and dirty items) and duty doctor's chamber.		
3	COP 2b	Is there dedicated medicines and consumables required during mass casualty and identification of a place where mass casualty patients can be accommodated, disaster management and drill.		
4	HIC 2a	Is hand washing area easily accessible to healthcare staff with steps of hand washing display.		
5	FMS 4a	Is there accessibility of fire-fighting equipment.		
6	MOM 1a	Is crash cart placed at a location from where it could be immediately accessed when required.		
7	PRE 1a	Is there adequate privacy arrangement for patient, curtain.		
8	COP 2b	Is there of all necessary emergency care equipment.		
9	HIC 3b	Is bio medical waste bins are as per BMW rules.		
10	AAC 4a, HRM 4b	Is emergency medical officer, is at-least be MBBS and preferably has training in emergency care.		
11	AAC 4a, HRM 4b	Are nurses trained in emergency nursing care are GNM and above.		
12	MOM 1a	Are emergency medication available as per defined quantity and mechanism of replenishing emergency medicines is followed.		
13	MOM 1c	Are stored medicines following protocols for lookalike & sound alike medicines.		
14	MOM 2d	Are high risk medicines identified and stored separately.		
15	HIC 1a	Are multi use open vials have labels of date of opening and date of expiry.		
16	FMS 1c	Is there list of hazardous materials in the emergency to be identified and MSDS sheet for them available.		
17	MOM 1a	Is temperature of refrigerator in which medicines are stored monitored and recorded, at-least two times in each shift.		

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18	COP 2b	Is there maintenance of necessary registers (admission-discharge-transfer, stock, laundry, adverse incident register etc.		
19	COP 1b	Is emergency handling protocol for commonly visiting emergencies such as snake bite, poisoning, accidental cases available etc.		
20	COP 2b	Is there triaging of patients.		
21	COP 2a	Is Medico legal cases handling taken care.		
22	COP 2b	Is handling of brought in dead cases taken care		
23	COP 2c	Is discharge/transfer note made available to the patient.		
24	COP 2c	Is transfer of stable and unstable patients taken care.		
25	AAC 2a	Is time-frame for initial assessment of emergency patients monitored.		
26	COP 2b	Is code blue policy and procedure available.		
27	FMS 4a	Are other emergency codes (such as pink, red, yellow) etc. followed.		
28	CQI 2a	<p>Quality indicators of emergency department.</p> <p>a. Average time taken for initial assessment of emergency patient.</p> <p>b. Percentage of patients returning to emergency within 72 hours with similar complaints.</p>		